

FORM BR

FILE WITH
CITY OF FAIRFIELD
5350 PLEASANT AVE.
FAIRFIELD, OHIO
45014-3597
ON OR BEFORE 4 MONTHS AFTER FISCAL
YEAR-END

2003
FAIRFIELD
INCOME TAX RETURN

TAX OFFICE PHONE 513-867-5327

FISCAL YEAR DATE _____ TO _____

MAKE CHECK OR MONEY ORDER
PAYABLE TOFAIRFIELD
INCOME TAXVisit our website: www.fairfield-city.org

PRINCIPAL BUSINESS ACTIVITY _____

TAXPAYERS NAME AND ADDRESS

CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETOR ☐

IF OTHER, EXPLAIN: _____

BUSINESS TELEPHONE: _____

FEDERAL ID # _____

ARE YOU A RESIDENT OF FAIRFIELD? YES ☐ NO ☐
DID YOU FILE A PREVIOUS YEAR RETURN? YES ☐ NO ☐
HAS IRS INCREASED YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEAR? YES ☐ NO ☐
IF SO, HAS AN AMENDED CITY OF FAIRFIELD INCOME TAX RETURN BEEN FILED? YES ☐ NO ☐

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE GIVE DATE: _____

INTO CITY _____ OR OUT OF _____

NOTICE: By law, all refunds and credits, in excess of \$10.00 are being reported to IRS.

THIS SPACE FOR TAX OFFICE ONLY

INCOME 1. TOTAL INCOME FROM PAGE 2, ATTACHED COPIES OF FEDERAL RETURNS & SCHEDULE \$ _____

2a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X (FROM PAGE 2)) ADD \$ _____

ADJUST- b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X (FROM PAGE 2)) DEDUCT \$ _____

MENTS c. DIFFERENCE BETWEEN LINES 2a AND b TO BE ADDED TO OR SUBTRACTED FROM LINE 1 (+ OR -) \$ _____

TO 3a. ADJUSTED NET INCOME (LINE 1 PLUS OR MINUS LINE 2c IF SCHEDULE X IS USED) \$ _____

b. AMOUNT OF LINE 3a ALLOCABLE (_____ % FROM LINE 5 SCHEDULE Y) \$ _____

INCOME c. LESS ALLOCABLE LOSS PER PREVIOUS INCOME TAX RETURN (ATTACH SCHEDULE) \$ _____

(LOSS CARRYFORWARD LIMITED TO 3 YRS.)

4. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX (LINE 3a OR 3b LESS LINE 3c) \$ _____

TAX 5. FAIRFIELD TAX 1.5% OF LINE 4 \$ _____

6. CREDITS:

(a) PAYMENTS AND CREDITS ON 2003 DECLARATION OF ESTIMATED TAX \$ _____

(b) PRIOR YEAR OVERPAYMENT \$ _____

(x) TOTAL CREDITS ALLOWABLE \$ _____

7. IF LINE 5 GREATER THAN LINE 6X PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN: 2003 TAX DUE \$

8. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR'S EXTIMATE

A. INTEREST \$ _____, PENALTY \$ _____ TOTAL \$ _____

B. TOTAL AMOUNT DUE (INCLUDING LINE 8A) \$ _____

DECLARATION OF ESTIMATED TAX FOR YEAR 2004

9. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE OF 1.5% FOR GROSS TAX OF \$ _____

10. LESS EXPECTED TAX CREDITS

A. OPERATING LOSS CARRY FORWARD (ATTACH SCHEDULE) \$ _____

B. OVERPAYMENT FROM PRIOR YEAR \$ _____

C. TOTAL CREDITS \$ _____

11. NET TAX DUE (LINE 9 LESS LINE 10C) \$ _____

12. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 11) \$

13. BALANCE OF 2003 TAX \$ _____

14. AMOUNT ENCLOSED: 2003 (LINE 7) \$ _____ + 2004 (LINE 12) \$ _____ = TOTAL DUE

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS KNOWLEDGE.

Signature of Person Preparing if Other than Taxpayer

Date

Signature of Taxpayer or Agent (Required)

Date

May we discuss this return with the preparer shown to the left? () YES () NO

Address

and

Telephone Number

SECTION A	Profit (or Loss) from Business or Profession
1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS	\$
2. LESS Cost of Labor \$	Material, supplies and other costs \$ \$
3. GROSS PROFIT FROM SALES, ETC., (line 1 less line 2)	\$
4. INTEREST \$ OTHER BUSINESS INCOME (Specify)	\$ \$
5. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS	\$

BUSINESS DEDUCTIONS

6. ADVERTISING AND PROMOTION \$	11. DEPRECIATION, AMORTIZATION \$
7. AUTO, TRUCK AND TRAVEL \$	12. RENTS (Paid to) \$
8. INT. ON BUSINESS INDEBTEDNESS \$	13. OTHER (List if over 10% of Line 14) \$
9a. TAXES BASED ON INCOME \$	14. TOTAL BUSINESS DEDUCTIONS (Total of Lines 6 to 13) \$
b. OTHER BUSINESS TAXES \$	15. NET PROFIT (OR LOSS) FROM BUSINESS
10. SALARIES AND WAGES \$	OR PROFESSION (LINE 5 LESS LINE 14) \$

SECTION B	Total from Federal Schedule D, Form 4797.
	\$

SECTION C	Income from Rents—from Federal Schedule E.				
Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)

NET INCOME SECTION C \$

SECTION D	All other Taxable Income	
INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, COMMISSIONS, WAGES AND MISCELLANEOUS		
RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

NET INCOME SECTION D \$

TOTAL	From Sections A, B, C & D. Enter on page 1, Line 1
	\$

SCHEDULE X	Reconciliation with Federal Income Tax Return
<p style="text-align: center;">ITEMS NOT DEDUCTIBLE ADD</p> <p>a. Capital Losses (Excluding Ordinary Losses) \$</p> <p>b. Expenses incurred in the production of non-taxable income (at least 5% of Line Z) \$</p> <p>c. Taxes based on income (State) \$</p> <p>d. Taxes based on income (City) \$</p> <p>e. Net operating loss deduction per Federal Return \$</p> <p>f. Payments to partners \$</p> <p>g. Contributions (Up To Federal Allowance) \$</p> <p>h. Other expenses not deductible (Explain) \$</p> <p>m. (Enter Line 2a Other Side) Total \$</p>	<p style="text-align: center;">ITEMS NOT TAXABLE DEDUCT</p> <p>n. Capital gains (Excluding Ordinary Gains) \$</p> <p>o. Interest income \$</p> <p>p. Dividends \$</p> <p>q. Other (Explain) \$</p> <p>z. Enter Line 2b Other Side Total \$ </p>

SCHEDULE Y	Business Allocation Formula												
<p>STEP 1. AVG. VALUE OF REAL & TANG. PERSONAL PROPERTY GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 TOTAL STEP 1. %</p> <p>STEP 2. GROSS RECEIPTS FROM SALES MADE AND / OR WORK OR SERVICES PERFORMED %</p> <p>STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID 4. TOTAL PERCENTAGES %</p> <p>5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used). Carry to Line 3b. Page 1 %</p>	<table style="width:100%;"> <tr> <th style="width:33%;">a. LOCATED EVERYWHERE</th> <th style="width:33%;">b. LOCATED IN THIS CITY</th> <th style="width:33%;">c. PERCENTAGE (b + a)</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	a. LOCATED EVERYWHERE	b. LOCATED IN THIS CITY	c. PERCENTAGE (b + a)									
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SCHEDULE Z	PARTNER'S SHARE OF INCOME																																			
<p>1. NAME AND MUNICIPALITY OR TOWNSHIP OF EA. PARTNER</p>	<table style="width:100%;"> <tr> <th style="width:10%;">2. Resident</th> <th style="width:10%;">3. Dist. Shares of Partners</th> <th style="width:10%;">4. Other Payments</th> <th style="width:10%;">5. Taxable Percentage</th> <th style="width:10%;">6. Amount Taxable</th> </tr> <tr> <td>Yes No</td> <td>Percent Amount</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="2">7. TOTALS from Section A and D Above</td> <td>100</td> <td>\$</td> <td> </td> </tr> </table>	2. Resident	3. Dist. Shares of Partners	4. Other Payments	5. Taxable Percentage	6. Amount Taxable	Yes No	Percent Amount																								7. TOTALS from Section A and D Above		100	\$	
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